(Please type or print legibly. See instru	BUSINESS NAME ECTIVE
To the SECRETARY OF STATE, STATE OF IDAHO Pursuant to Section 53-504, Idaho Code, the undersigned gives notice of adoption of an Assumed Business Name 1. The assumed business name which the undersigned	
The assumed business name which the u business is:	indersigned use(s) in the transaction of
Traveler's Oasis Trucl	k Shop
The true name(s) and business address(e business under the assumed business na	es) of the entity or individual(s) doing me is/are:
<u>Name</u> <u>Daniel L. Willie</u>	Complete Address
Sonja E. Willie	1017 South 1150 East, Eden, Idaho
Jonja E. WIII1e	1017 South 1150 East, Eden Idaho
3. The general type of business transacted under the assumed business name is:	
 Xk Retail Trade	Finance, Insurance, and Real Estate Mining Phone number (optional):
1017 South 1150 East	Submit Certificate of Assumed Business
Eden, Idaho 83325	Name and \$20.00 fee to:
5. Name and address for this acknowledgment copy is (if other than # 4 above):	Secretary of State 700 West Jefferson Basement West PO Box 83720 Boise ID 83720-0080 208 334-2301
	Secretary of State use only
Signature Amil Hulls	IDAHO SECRETARY OF STATE 93/14/2001 09:00 CK: 965326 CT: 88495 BH: 384588
Printed Name: Daniel I. Willie	
Capacity: Owner (see instruction #8 on back of form)	1 6 56.60 = 50.60 ASSUM NAME # 5
	7 12010